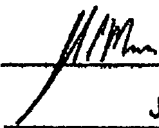


PTO/SB/31 (04-07)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 2002P84076WOUS	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>August 22, 2007 to 571-273-8300</u> Signature _____ Typed or printed name <u>ANN HICKEY</u>		RECEIVED CENTRAL FAX CENTER AUG 22 2007	
		In re Application of Helmut Rupp	
		Application Number 10/538,413	Filed 06/10/2005
For BRUSH SEAL FOR SEALING A GAP BETWEEN A ROTOR AND A STATOR		Art Unit 3673	
Examiner LEE, GILBERT Y			
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		<u>\$ 500.00</u>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		<u>\$ _____</u>	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
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<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>19-2179</u> . I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
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I am the			
<input type="checkbox"/> applicant/inventor.		<div style="text-align: center;">  Signature John P. Musone Typed or printed name </div>	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
<input checked="" type="checkbox"/> attorney or agent of record. <u>44,961</u> Registration number			
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		<u>407-736-6449</u> Telephone number	
		<u>August 22, 2007</u> Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

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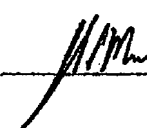
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